

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 524-8062 - Fax

Application for Licensure for Manufacture, Distribution, and/or Sale of Methyl or Wood Alcohol in Accordance with M.G.L. C.94, § 303B

DIRECTIONS:			
• Complete the entire two page appli			
 Submit a single application for all Attach a single check of \$150.00, 1 			
COMMONWEALTH OF MASS			
1. Business Name:	STEELE SELTS.	2. Telephone #:	
		Fax #: ()	
3. D.B.A. (Doing Business As):			
4. Mailing Address:			
5. Facility Address (if different from Mailing Address):		6. Telephone #:	
		() Fax #: ()	
		Fax #: ()	
7. Responsible Contact Person:	Twenty-four (24) Hour Emergency Telephone #: ()		
	Email Address:		
Ownership	Name	Address	
11. Individual			
12. P. / 1:			
12. Partnership			
	A	A	
	B	B	
	B		

(Over)

Ownership	Name	Address
13. Corporation:		
A) President	A	A
B) Treasurer		
C) Clerk	В	B
	C	
		C
14. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation:
aws and regulations of the Commonwe	alth of Massachusetts and the Departn ition, pursuant to M.G.L. C. 62C, § 49	9A, I certify under the penalties of perjury
Date	Owner or Corporate Officer	
f applying as an Individual, your Socia	1 Security #:	
ax or Federal I.D.#:		

State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).

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